

United States Bankruptcy Court Northern District of Illinois		Voluntary Petition																				
Name of Debtor (if individual, enter Last, First, Middle): Durov, Steven J.		Name of Joint Debtor (Spouse) (Last, First, Middle): Dymanus, Roxanne L																				
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):																				
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) xxx-xx-6130		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) xxx-xx-5376																				
Street Address of Debtor (No. and Street, City, and State): 20912 S. Ron Lee Drive Shorewood, IL		Street Address of Joint Debtor (No. and Street, City, and State): 20912 S. Ron Lee Drive Shorewood, IL																				
ZIP Code 60404		ZIP Code 60404																				
County of Residence or of the Principal Place of Business: Will		County of Residence or of the Principal Place of Business: Will																				
Mailing Address of Debtor (if different from street address):		Mailing Address of Joint Debtor (if different from street address):																				
ZIP Code		ZIP Code																				
Location of Principal Assets of Business Debtor (if different from street address above):																						
Type of Debtor (Form of Organization) (Check one box)	Nature of Business (Check one box)	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box)																				
		<input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13																				
<input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i>	<input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other	<input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding																				
<input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Tax-Exempt Entity (Check box, if applicable)	<input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."																				
		Nature of Debts (Check one box)																				
		<input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.																				
Filing Fee (Check one box)		Chapter 11 Debtors																				
<input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000.																				
		Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).																				
Statistical/Administrative Information																						
<input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY																				
Estimated Number of Creditors <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 10%;"><input type="checkbox"/></td> <td style="text-align: center; width: 10%;"><input type="checkbox"/></td> <td style="text-align: center; width: 10%;"><input checked="" type="checkbox"/></td> <td style="text-align: center; width: 10%;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">1- 49</td> <td style="text-align: center;">50- 99</td> <td style="text-align: center;">100- 199</td> <td style="text-align: center;">200- 999</td> <td style="text-align: center;">1,000- 5,000</td> <td style="text-align: center;">5,001- 10,000</td> <td style="text-align: center;">10,001- 25,000</td> <td style="text-align: center;">25,001- 50,000</td> <td style="text-align: center;">50,001- 100,000</td> <td style="text-align: center;">OVER 100,000</td> </tr> </table>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1- 49	50- 99	100- 199	200- 999	1,000- 5,000	5,001- 10,000	10,001- 25,000	25,001- 50,000	50,001- 100,000	OVER 100,000
<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
1- 49	50- 99		100- 199	200- 999	1,000- 5,000	5,001- 10,000	10,001- 25,000	25,001- 50,000	50,001- 100,000	OVER 100,000												
Estimated Assets <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 10%;"><input checked="" type="checkbox"/></td> <td style="text-align: center; width: 10%;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">\$0 to \$50,000</td> <td style="text-align: center;">\$50,001 to \$100,000</td> <td style="text-align: center;">\$100,001 to \$500,000</td> <td style="text-align: center;">\$500,001 to \$1 million</td> <td style="text-align: center;">\$1,000,001 to \$10 million</td> <td style="text-align: center;">\$10,000,001 to \$50 million</td> <td style="text-align: center;">\$50,000,001 to \$100 million</td> <td style="text-align: center;">\$100,000,001 to \$500 million</td> <td style="text-align: center;">\$500,000,001 to \$1 billion</td> <td style="text-align: center;">More than \$1 billion</td> </tr> </table>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion													
Estimated Liabilities <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 10%;"><input type="checkbox"/></td> <td style="text-align: center; width: 10%;"><input type="checkbox"/></td> <td style="text-align: center; width: 10%;"><input checked="" type="checkbox"/></td> <td style="text-align: center; width: 10%;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">\$0 to \$50,000</td> <td style="text-align: center;">\$50,001 to \$100,000</td> <td style="text-align: center;">\$100,001 to \$500,000</td> <td style="text-align: center;">\$500,001 to \$1 million</td> <td style="text-align: center;">\$1,000,001 to \$10 million</td> <td style="text-align: center;">\$10,000,001 to \$50 million</td> <td style="text-align: center;">\$50,000,001 to \$100 million</td> <td style="text-align: center;">\$100,000,001 to \$500 million</td> <td style="text-align: center;">\$500,000,001 to \$1 billion</td> <td style="text-align: center;">More than \$1 billion</td> </tr> </table>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion													

B1 (Official Form 1)(1/08)

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Durov, Steven J.**Dymanus, Roxanne L****All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location Where Filed: - None -	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)		
Name of Debtor: - None -	Case Number:	Date Filed:
District:	Relationship:	Judge:
Exhibit A		Exhibit B
<p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>		
<p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).</p> <p>X /s/ David M. Siegel June 6, 2008 <input type="text"/> Signature of Attorney for Debtor(s) <input type="text"/> (Date) David M. Siegel</p>		

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

Yes, and Exhibit C is attached and made a part of this petition.
 No.

Exhibit D

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

Information Regarding the Debtor - Venue

(Check any applicable box)

Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
 There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
 Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Certification by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes)

Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)

(Address of landlord)

Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
 Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
 Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

Voluntary Petition

(This page must be completed and filed in every case)

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.
 [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.
 [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Steven J. DurovSignature of Debtor **Steven J. Durov****X /s/ Roxanne L Dymanus**Signature of Joint Debtor **Roxanne L Dymanus**

Telephone Number (If not represented by attorney)

June 6, 2008

Date

Signature of Attorney***X /s/ David M. Siegel**

Signature of Attorney for Debtor(s)

David M. Siegel #06207611

Printed Name of Attorney for Debtor(s)

David M. Siegel & Associates

Firm Name

**790 Chaddick Drive
Wheeling, IL 60090**

Address

(847) 520-8100

Telephone Number

June 6, 2008

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Name of Debtor(s):

Durov, Steven J.**Dymanus, Roxanne L****Signatures****Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Address

X

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person,or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

Official Form 1, Exhibit D (10/06)

United States Bankruptcy Court
Northern District of Illinois

In re **Steven J. Durov**
Roxanne L Dymanus

Debtor(s)

Case No.
Chapter

7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.]*

Official Form 1, Exh. D (10/06) - Cont.

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Steven J. Durov
Steven J. Durov

Date: June 6, 2008

Official Form 1, Exhibit D (10/06)

United States Bankruptcy Court
Northern District of Illinois

In re **Steven J. Durov**
Roxanne L Dymanus

Debtor(s)

Case No.
Chapter

7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.]*

Official Form 1, Exh. D (10/06) - Cont.

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Roxanne L Dymanus
Roxanne L Dymanus

Date: June 6, 2008

United States Bankruptcy Court
Northern District of Illinois

In re **Steven J. Durov,
Roxanne L Dymanus**

Case No. _____

Debtors

Chapter **7**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	0.00		
B - Personal Property	Yes	3	6,560.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		0.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		2,800.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	27		137,558.00	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			543.00
J - Current Expenditures of Individual Debtor(s)	Yes	1			550.00
Total Number of Sheets of ALL Schedules		39			
	Total Assets		6,560.00		
		Total Liabilities		140,358.00	

Form 6 - Statistical Summary (12/07)

United States Bankruptcy Court
Northern District of Illinois

In re **Steven J. Durov,
Roxanne L Dymanus**

Case No. _____

Debtors

Chapter **7**

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	2,800.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	2,800.00

State the following:

Average Income (from Schedule I, Line 16)	543.00
Average Expenses (from Schedule J, Line 18)	550.00
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	543.00

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column	0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	2,800.00
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column	0.00
4. Total from Schedule F	137,558.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)	137,558.00

In re **Steven J. Durov,
Roxanne L Dymanus** Case No. _____

Debtors

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
--------------------------------------	---	------------------------------------	--	-------------------------

None

Sub-Total > **0.00** (Total of this page)

Total > **0.00**

0 continuation sheets attached to the Schedule of Real Property

(Report also on Summary of Schedules)

In re **Steven J. Durov,
Roxanne L Dymanus**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking Account Harris	J	20.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		TV, Furniture	J	1,000.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Normal apparel	J	500.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
			Sub-Total > (Total of this page)	1,520.00

2 continuation sheets attached to the Schedule of Personal Property

In re **Steven J. Durov,
Roxanne L Dymanus**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			

Sub-Total >
(Total of this page)

0.00

Sheet 1 of 2 continuation sheets attached
to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **Steven J. Durov,
Roxanne L Dymanus**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		1989 Mercury Grand Marquis	J	340.00
		2003 Harley Sportster Custom 1200 XL	J	4,700.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

Sub-Total > **5,040.00**
(Total of this page)
Total > **6,560.00**

(Report also on Summary of Schedules)

Sheet **2** of **2** continuation sheets attached
to the Schedule of Personal Property

In re **Steven J. Durov,
Roxanne L Dymanus** Case No. _____

Debtors

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

11 U.S.C. §522(b)(2)
 11 U.S.C. §522(b)(3)

Check if debtor claims a homestead exemption that exceeds \$136,875.

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Checking, Savings, or Other Financial Accounts, Certificates of Deposit			
Checking Account Harris	735 ILCS 5/12-1001(b)	20.00	20.00
Household Goods and Furnishings			
TV, Furniture	735 ILCS 5/12-1001(b)	1,000.00	1,000.00
Wearing Apparel			
Normal apparel	735 ILCS 5/12-1001(a)	500.00	500.00
Automobiles, Trucks, Trailers, and Other Vehicles			
1989 Mercury Grand Marquis	735 ILCS 5/12-1001(b)	340.00	340.00
2003 Harley Sportster Custom 1200 XL	735 ILCS 5/12-1001(c)	4,800.00	4,700.00

Total: **6,660.00** **6,560.00**

0 continuation sheets attached to Schedule of Property Claimed as Exempt

In re **Steven J. Durov,
Roxanne L Dymanus**

Case No. _____

Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
						Value \$	Value \$
Account No.							
Account No.							
Account No.							
Account No.							
0 continuation sheets attached						Subtotal (Total of this page)	
						Total (Report on Summary of Schedules)	0.00 0.00

In re

**Steven J. Durov,
Roxanne L. Dymanus**

Case No. _____

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

Domestic support obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

Deposits by individuals

Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

Taxes and certain other debts owed to governmental units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

Commitments to maintain the capital of an insured depository institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

Claims for death or personal injury while debtor was intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

1 continuation sheets attached

B6E (Official Form 6E) (12/07) - Cont.

In re **Steven J. Durov,
Roxanne L Dymanus**

Case No. _____

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Taxes and Certain Other Debts Owed to Governmental Units

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT UNLIQUIDATED DISPUTED	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY	AMOUNT ENTITLED TO PRIORITY
					0.00	
Account No.						
Illinois Department of Revenue Bankruptcy Section, Level 7-425 100 W. Randolph St. Chicago, IL 60506	J	2006 State Income Taxes Owed		2,800.00	2,800.00	
Account No.						
Account No.						
Account No.						
Account No.						
Sheet <u>1</u> of <u>1</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Priority Claims			Subtotal (Total of this page)	<u>0.00</u>	<u>0.00</u>	
				<u>2,800.00</u>	<u>2,800.00</u>	
			Total (Report on Summary of Schedules)	<u>0.00</u>	<u>0.00</u>	
				<u>2,800.00</u>	<u>2,800.00</u>	

In re **Steven J. Durov,
Roxanne L Dymanus**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. 1639216			10/06 Collections				210.00
ACMC Physician Services c/o Malcolm S Gerald & Associates 332 S Michigan Ave, Ste 600 Chicago, IL 60604	J						
Account No. 1000168147			9/06 Collections				
ACMC Physician Services c/o Malcolm S Gerald & Associates 332 S Michigan Ave, Ste 600 Chicago, IL 60604	J						8.00
Account No. 1639218			12/06 Collections				
ACMC Physician Services c/o Malcolm S Gerald & Associates 332 S Michigan Ave, Ste 600 Chicago, IL 60604	J						562.00
Account No. 5628903 60531768			2/06 Collections				
Adventist Hinsdale Hospital c/o Merchants Credit Guide Co. 223 W. Jackson Blvd. Chicago, IL 60606	J						63.00
26 continuation sheets attached				Subtotal (Total of this page)			843.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Steven J. Durov,
Roxanne L Dymanus**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B E T O R H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CO N T I N G E N T	U N L I Q U I D A T E D	DIS P U T E D	AMOUNT OF CLAIM
Account No. 5628908		1/05 Collections				
Adventist Hinsdale Hospital c/o Merchants Credit Guide Co. 223 W. Jackson Blvd. Chicago, IL 60606	J					63.00
Account No. 409161569		8/98- 7/02 Hospital Lien				
Advocate Christ Medical Center PO Box 70508 Chicago, IL 60673-0508	J					942.00
Account No. 533829677		6/06- 2/07 Medical				
Advocate Christ Medical Center PO Box 70508 Chicago, IL 60673-0508	J					1,154.00
Account No. 1639216		6/06 - 10/06 Medical				
Advocate Christ Medical Center PO Box 70508 Chicago, IL 60673-0508	J					210.00
Account No. 533434924		4/06 - 7/06 Medical				
Advocate Christ Medical Center 4440 W. 95th St. Oak Lawn, IL 60453	J					19.00
Sheet no. 1 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			2,388.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Steven J. Durov,
Roxanne L Dymanus**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B E T O R	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CO N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 92-1718957		4/02-9/02 Medical				
Advocate Christ Medical Center PO Box 3597 Physician Billing Springfield, IL 62708-3597	J					18.00
Account No. 9212385295 5036891		7/01 -3/02 Collections				
Advocate Christ Medical Center c/o Illinois Collection Service PO Box 646 Oak Lawn, IL 60454-0646	J					17.00
Account No. 92-2236828		8/01- 5/02 Medical				
Advocate Christ Medical Center PO Box 3597 Physician Billing Springfield, IL 62708-3597	J					8.00
Account No. 9212218054 5322355		8/01- 6/02 Collections				
Advocate Christ Medical Center c/o Illinois Collection Service PO Box 646 Oak Lawn, IL 60454-0646	J					8.00
Account No. 9222315733 7191006		2/04- 7/04 Collections				
Advocate Christ Medical Center c/o Illinois Collection Service PO Box 646 Oak Lawn, IL 60454-0646	J					301.00
Sheet no. 2 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			352.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Steven J. Durov,
Roxanne L Dymanus**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B E T O R H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CO N T I N G E N T	U N L I Q U I D A T E D	DIS P U T E D	AMOUNT OF CLAIM
Account No. 92-5313569		2/04- 6/04 Medical				
Advocate Christ Medical Center PO Box 3597 Physician Billing Springfield, IL 62708-3597	J	Collections				301.00
Account No. 518172200 255NSL						
Advocate Christ Medical Center c/o NCO Financial Systems PO Box 41457 Philadelphia, PA 19101-1457	J	8/01 -1/02 Collections				17.00
Account No. 9332C						
Advocate Christ Medical Group c/o Certified Services 128 Madison Waukegan, IL 60085-4389	J	10/00-11/01 Collections				183.00
Account No. 9317a						
Advocate Family Care Network c/o Certified Services, Inc. PO Box 177 Waukegan, IL 60079-0177	J	6/01- 11/01 Collections				86.00
Account No. 9332c						
Advocate Family Care Network c/o Certified Services, Inc. PO Box 177 Waukegan, IL 60079-0177	J	6/01- 11/01 Collections				183.00
Sheet no. 3 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			770.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Steven J. Durov,
Roxanne L Dymanus**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. 9556		12/00 - 2/01 Medical				
Advocate Family Care Network PO Box 776 Oak Lawn, IL 60454-0776	J					422.00
Account No. 18-14702384		6/06 -8/06 Medical				
Advocate MSO Services 75 Remittance Dr., #6010 Chicago, IL 60675-6010	J					210.00
Account No. 1000168147		4/06 -7/06 Medical				
Advocate MSO Services 75 Remittance Dr., #6010 Chicago, IL 60675-6010	J					8.00
Account No. 18-14752020 1639218		7/06-11/06 Medical				
Advocate MSO Services 75 Remittance Dr., #6010 Chicago, IL 60675-6010	J					562.00
Account No. 4106-3600-0929-3021		6/06 - 1/07 Collections				
Aspire Visa PO Box 105341 Atlanta, GA 30348	J					891.00
Sheet no. 4 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			2,093.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Steven J. Durov,
Roxanne L Dymanus**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. A474-0043029-02		11/05- 4/06 Medical				
Assoc Cardiovascular Phys PO Box 95978 Chicago, IL 60694	J					230.00
Account No. A474-0039308-01		7/05- 10/05 Medical				
Assoc Cardiovascular Phys PO Box 95978 Chicago, IL 60694	J					25.00
Account No. 13000160625		1/03- 8/03 Medical				
Assoc Pathologists of Joliet 330 Madison St., Suite 200A Joliet, IL 60435	J					12.00
Account No. 6658313012 708-424-2534390		2/08 Collections				
AT&T c/o Plaza Associates PO Box 18008 Hauppauge, NY 11788-8808	J					149.00
Account No. A3509143048701000000		8/08 Collections				
AT&T c/o NCO Financial Systems 507 Prudential Road Horsham, PA 19044	J					28.00
Sheet no. 5 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			444.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Steven J. Durov,
Roxanne L Dymanus**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. 4121-7422-3821-2032		4/99 -2/08 Collections				
Cap One Bank P.O. Box 85015 Richmond, VA 23285	J					1,057.00
Account No. 438864165976		2/00 -2/08 Purchases				
Cap One Bank P.O. Box 85015 Richmond, VA 23285	J					1,786.00
Account No. 109552455 1441114 529107241932		9/99 - 1/06 Collections				
Capital One c/o West Asset Management PO Box 724747 Atlanta, GA 31139-1747	J					560.00
Account No. 5291-0724-1932-3676		5/05 - 2/08 Collections				
Capital One Services PO Box 85015 Richmond, VA 23285-5015	J					560.00
Account No. 62062155000141001 810566		4/05-3/08 2005 Chevrolet Cobalt Auto Deficiency Collections				
CAPONEAUTO 3905 Dallas Parkway Plano, TX 75093	J					11,073.00
Sheet no. 6 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			15,036.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Steven J. Durov,
Roxanne L Dymanus**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
			C	U	D	
Account No. 5305090 Car Max Financial 225 Chastain Meadows Court Kennesaw, GA 30144	J	12/06-2/08 Auto Dificiency				9,878.00
Account No. 28 G1006698 Cardiac Consulting Group SC 4647 W Lincoln Highway Lower Level Matteson, IL 60443	J	11/06 -4/07 Medical				35.00
Account No. 32620832 9160190107 Charter One c/o Arrow Financial Services 5996 W. Touhy Ave. Niles, IL 60714	J	4/06 Collections				870.00
Account No. 1186 Cheryl Venkus Scallon Psy. D 7350 College Drive, Suite 101 Palos Heights, IL 60463	J	6/01-1/02 Medical				216.00
Account No. 1259 Cheryl Venkus Scallon Psy. D 7350 College Drive, Suite 101 Palos Heights, IL 60463	J	1/02-6/02 Medical				226.00
Sheet no. 7 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			11,225.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Steven J. Durov,
Roxanne L Dymanus**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. 130989 280904		7/06 Medical				
Chicago Ridge Fire Department PO Box 438495 Chicago, IL 60643	J					390.00
Account No. 108253-1 526513056		8/04 Collections				
Christ Hospital c/o Col/Debt Collection Systems 8 S Michigan Ave #618 Chicago, IL 60603	J					85.00
Account No. 519613582 73573		8/02 Collections				
Christ Hospital c/o Col/Debt Collection Systems 8 S Michigan Ave #618 Chicago, IL 60603	J					21.00
Account No. 520385733		12/03 Collections				
Christ Hospital & Medical Center NCO Financial Systems, Inc. 605 W Edison Road, Suite K Mishawaka, IN 46545	J					104.00
Account No. 06239183 534072400		7/06- 3/07 Collections				
Christ Medical Group c/o Medical Recovery Specialists, I 2250 E Devon Ave., Ste 352 Des Plaines, IL 60018	J					293.00
Sheet no. 8 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			893.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Steven J. Durov,
Roxanne L Dymanus**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B E T O R H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CO N T I N G E N T	U N L I Q U I D A T E D	DIS P U T E D	AMOUNT OF CLAIM
Account No. 533829677 6241345		6/06- 7/07 Collections				
Christ Medical Group c/o Medical Recovery Specialists, I 2250 E Devon Ave., Ste 352 Des Plaines, IL 60018	J					1,154.00
Account No. 01-040000-8798401100398378-00		12/05-9/06 Collections				
Comcast c/o Credit Protection Association Po Box 9037 Addison, TX 75001-9037	J					464.00
Account No. 692747441		7/06-2/08 Collections				
Commonwealth Edison Bill Payment Center Chicago, IL 60668-0001	J					61.00
Account No. 91460972, 91731422, 105345870		7/03 - 9/06 Collections				
Comprehensive Collection Service PO Box 2503 East Lansing, MI 48826-2503	J					178.00
Account No. 415 Q		10/01- 10/01 Medical				
Daniel Martinez MD 414 Plaza Drive #101 Westmont, IL 60559	J					203.00
Sheet no. 9 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				2,060.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Steven J. Durov,
Roxanne L Dymanus**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B E T O R	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CO N T I N G E N T	UN L I Q U I D A T E D	DIS P U T E D	AMOUNT OF CLAIM
Account No. DUROV0000		11/05 -8/06 Medical				52.00
David G. Iaccino, DPM 7053 W 111th Street Worth, IL 60482	J	6/03-7/03 Medical				579.00
Account No. Misty Durov		12/01 Medical				100.00
Dr. Cheryl Scallion PC 7350 College Drive Suite 101 Palos Heights, IL 60463	J	2/05 -8/05 Collections				35.00
Account No. 1118862		903 Collections				83.00
DuPage Radiology c/o ATG Credit, LLC PO Box 14895 Chicago, IL 60614	J					
Account No. 08-032475171-20						
Edward Hospital c/o Merchants Credit Guide Co. 223 W. Jackson Blvd. Chicago, IL 60606	J					
Sheet no. 10 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				849.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Steven J. Durov,
Roxanne L Dymanus**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. 3155734 E024456345		12/02 Collections				
Edward Hospital c/o Merchants Credit Guide Co. 223 W. Jackson Blvd. Chicago, IL 60606	J					83.00
Account No. 990195628908		5/04 -9/04 Medical				
Emergency Healthcare Physicians 649 Executive Drive Willowbrook, IL 60527-5603	J					81.00
Account No. 6622-02		12/02 -1/03 Medical				
First Care Ambulance 1941 Selmarten Road Aurora, IL 60505	J					106.00
Account No. 6622-02		3/03 Collections				
First Care Health Service c/o CB Accounts, Inc National Commu 1101 Main Street Peoria, IL 61606	J					106.00
Account No. 61830559 28225699-504-5047		11/06- Medical				
Fischer Mangold Joliet PO Box 630707 Cincinnati, OH 45263-0707	J					16.00
Sheet no. 11 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				392.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Steven J. Durov,
Roxanne L Dymanus**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
			C	U	D	
Account No. DURSTE0001		4/06- 5/07 Medical				
Hand & Plastic Surgery Associates 5046 Payshore Circle Chicago, IL 60674	J					588.00
Account No. 200602705002		11/06-3/07 Medical				
Ingalls Memorial Hospital Attn: Patient Financial Services One Ingalls Drive Harvey, IL 60426	J					7,398.00
Account No. 1274		3/02-7/02 Medical				
John J Deitche PHD LPCC Commodore Building 7350 W College Dr, Ste 101 Palos Heights, IL 60463	J					282.00
Account No. DURST000		3/07-8/07 Medical				
John M Curtin, DOSC 15614 S Harlem Orland Park, IL 60462	J					1,600.00
Account No. 61830559-28225699		6/06 -8/07 Collections				
Joliet Emergency Physicians c/o IMBS Collections PO Box 189053 Plantation, FL 33318-9053	J					16.00
Sheet no. <u>12</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			9,884.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Steven J. Durov,
Roxanne L Dymanus**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. 1489-00		11/02- 10/03 Medical				
Kim & Calvert MD SC 7600 W. College Drive Palos Heights, IL 60463	J					54.00
Account No. 17482		1/03- 4/03 Medical				
Kishwar Ali MD PO Box 9144 Naperville, IL 60567-9144	J					66.00
Account No. 18-45563-0		5/02 -6/04 Collections				
Linden Oaks Hospital c/o RPM, Inc PO Box 830913 Birmingham, AL 35283-0913	J					1,190.00
Account No. 18-45563-0		2/05 Collections				
Linden Oaks Hospital c/o RPM, Inc PO Box 830913 Birmingham, AL 35283-0913	J					1,190.00
Account No. E00000002993		3/01- 1/02 Medical				
Marianjoy Dept. 77-5602 Chicago, IL 60678-5602	J					216.00
Sheet no. 13 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			2,716.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Steven J. Durov,
Roxanne L Dymanus**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	
			H	W	J	C	
Account No. 8518446006 Midland 8875 Aero Drive Suite 200 San Diego, CA 92123		2/08 Collections					961.00
Account No. 106871 Midland 8875 Aero Drive Suite 200 San Diego, CA 92123	J	1/08 Collections					232.00
Account No. Dymanu0000 73385942 Midwest Internists of Illinois c/o Van Ru Credit Corporation 1350 E Touhy Ave, Ste 100E Des Plaines, IL 60018-3303	J	6/06 Collections					475.00
Account No. 135040 Midwest Orthopaedic Consultants 10719 W. 160th Street Orland Park, IL 60467	J	11/06-1/07 Medical					943.00
Account No. 3988 Midwest Pediatric Cardiology 1482 Momentum Place Chicago, IL 60689-5314	J	Collections					153.00
Sheet no. 14 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			2,764.00	

In re **Steven J. Durov,
Roxanne L Dymanus**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. 401697725200001		6/00-2/08 Auto Deficiency Collections				
Midwest Waukegan 214 Washington St. Waukegan, IL 60085	J					7,278.00
Account No. NR 2005080		7/01 Medical				
Naperville Radiologists SC PO Box 70 Hinsdale, IL 60521	J					318.00
Account No. 6939		2/08 - 3/08 Medical				
Neophy whole L. Savide DDS, Ltd Pediatric dentistry 12001 South Harlem Ave Palos Heights, IL 60463	J					300.00
Account No. 62312954		8/06- 10/06 Medical				
Oak Forest Hospital 15900 S Cicero Ave Oak Forest, IL 60452	J					259.00
Account No. 063132062		6/07-12/07 Collections				
Oaklawn Radiology Imaging Consultan c/o Trustmark Recovery Services 541 Otis Bowen Drive Munster, IN 46321	J					363.00
Sheet no. 15 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			8,518.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Steven J. Durov,
Roxanne L Dymanus**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. 533829677		6/06 -5/07 Collections				
Oaklawn Radiology Imaging Consultan c/o Trustmark Recovery Services 541 Otis Bowen Drive Munster, IN 46321	J					70.00
Account No. 534072400		7/06- 3/07 Collections				
Oaklawn Radiology Imaging Consultan c/o Trustmark Recovery Services 541 Otis Bowen Drive Munster, IN 46321	J					293.00
Account No. H000185900		4/06-3/07 Collections				
Palos Community Hospital c/o Harris & Harris LTD 600 West Jackson Blvd. Suite 400 Chicago, IL 60661	J					1,792.00
Account No. 092217900		1/06-7/06 Collections				
Palos Community Hospital c/o Harris & Harris LTD 600 West Jackson Blvd. Suite 400 Chicago, IL 60661	J					8,088.00
Account No. H000494336		12/06 -7/07 Medical				
Palos Community Hospital 12251 S. 80th Avenue Palos Heights, IL 60463	J					2,204.00
Sheet no. 16 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			12,447.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Steven J. Durov,
Roxanne L Dymanus**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. 91460972		4/04- 3/05 Collections				
Palos Community Hospital c/o Harris & Harris LTD 600 West Jackson Blvd. Suite 400 Chicago, IL 60661	J					123.00
Account No. 92093046		7/05- 1/06 Medical				
Palos Community Hospital 12251 S. 80th Avenue Palos Heights, IL 60463	J					21,180.00
Account No. 17062		2/04 - 7/04 Medical				
Palos Community Hospital 12255 S. 80th Ave. Palos Heights, IL 60463-1284	J					123.00
Account No. 216198		11/05-1/06 Medical				
Palos Community Hospital 12255 S. 80th Ave. Palos Heights, IL 60463-1284	J					21,180.00
Account No. 104470489 6220701		2/03- 8/03 Collections				
Palos Emergency Medical Services c/o Illinois Collection Service P.O. Box 646 Oak Lawn, IL 60454-0646	J					19.00
Sheet no. 17 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			42,625.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Steven J. Durov,
Roxanne L Dymanus**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B E T O R H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CO N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 1-24374.0		4/04 --9/07 Collections				
Palos Emergency Medical SVCS LTD 9944 S. Roberts Road Suite 204 Palos Hills, IL 60465	J					368.00
Account No. 9011069		6/06 Collections				
Palos Emergency Medical SVCS LTD 9944 S. Roberts Road Suite 204 Palos Hills, IL 60465	J					360.00
Account No. 1-86846.0		4/06-11/06 Medical				
Palos Emergency Medical SVCS LTD 9944 S. Roberts Road Suite 204 Palos Hills, IL 60465	J					274.00
Account No. 141-1-0000389697		11/05- 1/06 Medical				
Palos Pathology Associated 520 E 22nd St Lombard, IL 60148	J					69.00
Account No. 141-1-0000353267		7/05-11/05 Medical				
Palos Pathology Associated 520 E 22nd St Lombard, IL 60148	J					169.00
Sheet no. 18 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			1,240.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Steven J. Durov,
Roxanne L Dymanus**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. 31128 Physicians Immediate Care PO Box 15473 Loves Park, IL 61111	J	7/07 -2/08 Collections				537.00
Account No. 33804 Physicians Immediate Care PO Box 15473 Loves Park, IL 61111	J	7/07-1/08 Collections				350.00
Account No. 2410228465 4097421 Practice Resources c/o ICS PO Box 646 Oak Lawn, IL 60454	J	2/01 Collections				155.00
Account No. 43903 Professional Health Associates 12255 S. 80th Ave. #202 Palos Heights, IL 60463-1284	J	6/06 -11/06 Medical				555.00
Account No. 17062 Professional Health Associates 12255 S. 80th Ave. #202 Palos Heights, IL 60463-1284	J	1/05 Medical				36.00
Sheet no. 19 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			1,633.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Steven J. Durov,
Roxanne L Dymanus**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. 31580		7/03- 9/03 Medical				
Professional Health Associates 12255 S. 80th Ave. #202 Palos Heights, IL 60463-1284	J					137.00
Account No. 30650		2/04- 4/04 Medical				
Professional Health Associates 12255 S. 80th Ave. #202 Palos Heights, IL 60463-1284	J					41.00
Account No. 256559 V8361192		1/03- 11/03 Collections				
Provena Mercy Medical c/o Pellettieri & Associates 991 Oak Creek Dr Lombard, IL 60148-6408	J					589.00
Account No. 540442-001		8/02 Collections				
Provena Service Corporation c/o Creditors Collection Bureau PO Box 63 Kankakee, IL 60901-0063	J					103.00
Account No. 13317197051200976		12/04- 2/08 Collections				
Providian Bank c/o Cach LLC 370 17th Street, Ste 5000 Denver, CO 80202	J					1,067.00
Sheet no. 20 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			1,937.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Steven J. Durov,
Roxanne L Dymanus**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. 4465-6105-0090-2461		5/05 Purchases				
Providian Bank PO Box 9016 Pleasanton, CA 94566-9016	J					969.00
Account No. 3920639301		4/06 - 7/07 Collections				
Quest Diagnostics c/o AMCA 2269 S. Saw Mill River Rd., Bldg. 3 Elmsford, NY 10523	J					103.00
Account No.		10/02 -11/02 Medical				
Quest Diagnostics PO Box 64500 Baltimore, MD 21264-4500	J					1.00
Account No. H000494336		12/06- 6/07 Medical				
Radiology & Nuclear Cons LTD 7808 College Drive 1SE Palos Heights, IL 60463	J					2,204.00
Account No. 91731422		11/04 -1/05 Medical				
Radiology & Nuclear Cons LTD 7808 College Drive 1SE Palos Heights, IL 60463	J					31.00
Sheet no. 21 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			3,308.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Steven J. Durov,
Roxanne L Dymanus**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B E T O R H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CO N T I N G E N T	U N L I Q U I D A T E D	DIS P U T E D	AMOUNT OF CLAIM
Account No. 92093046		8/05- 1/06 Medical				
Radiology & Nuclear Cons LTD 7808 College Drive 1SE Palos Heights, IL 60463	J					61.00
Account No. H000185900		4/06- 10/06 Collections				
Radiology & Nuclear Cons LTD 7808 College Drive 1SE Palos Heights, IL 60463	J					61.00
Account No. 2006-M1-1712950		6/06 Judgment				
Regan Corporation c/o Cary Schiff 134 N. LaSalle, #1135 Chicago, IL 60602	J					4,500.00
Account No. 22669		5/04 Medical				
Renuka Bhatt, MD 10811 W 143rd Street Suite 150 Orland Park, IL 60467	J					133.00
Account No. 2748 Q		10/01-11/01 Medical				
Riaz Baber, M.D.S.C. PO Box 1441 361 Sullivan Rd. Aurora, IL 60507-1441	J					77.00
Sheet no. 22 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			4,832.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Steven J. Durov,
Roxanne L Dymanus**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. 11196278		8/05-4/06 Medical				
Rose Gomez MD PC 7600 West College Drive 2nd Floor Palos Heights, IL 60463	J					614.00
Account No. 6023305 40450		8/05- 12/05 Collections				
Rush Behavioral Systems c/o Medical Recovery Specialist, In 2200 East Devon Ave., Ste 288 Des Plaines, IL 60018	J					2,650.00
Account No. 6375112 F020325817		9/06-5/07 Collections				
Silver Cross Hospital Mail Processing Center PO Box 739 Moline, IL 61266-0739	J					47.00
Account No. 6375112 020325817		4/07 Collections				
Silver Cross Hospital c/o OSI Collection Service 1375 E Woodfield Rd, Ste #110 Schaumburg, IL 60173-5447	J					47.00
Account No. 28225699-504-5047 61830559		11/06- Collections				
Silver Cross Hospital c/o Fischer Mangold Joliet PO Box 630707 Cincinnati, OH 45263-0707	J					16.00
Sheet no. 23 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			3,374.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Steven J. Durov,
Roxanne L Dymanus**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B E T O R H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CO N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. F023365265		3/08-5/08 Medical				
Silver Cross Hospital 1200 Maple Rd. Joliet, IL 60432	J					1,153.00
Account No. 94761SWL		11/06-3/07 Medical				
Southwest Laboratory Physicians SC Dept. 77-9288 Chicago, IL 60678-9288	J					402.00
Account No. PDDURO102		1/07- 1/08 Medical				
Southwest Physicians Group 4861 W 95th Street Oak Lawn, IL 60453	J					82.00
Account No. 6107		11/04 Medical				
Steven F French, DPM 10661 Roberts Road Palos Hills, IL 60465	J					129.00
Account No. 2149194		9/03 Collections				
Suburban Heights Medical Center c/o CB USA Inc PO Box 8000 Hammond, IN 46325-9998	J					70.00
Sheet no. 24 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			1,836.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Steven J. Durov,
Roxanne L Dymanus**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
			C	U	D	
Account No. 02-112775 7241274		5/02- 6/03 Collections				
Superior Air-Ground Ambulance PO Box 1407 Elmhurst, IL 60126	J					54.00
Account No. 432493680 5666147		6/06 -2/08 Collections				
T Mobile c/o Credit Management 200 S. Monroe Ave Green Bay, WI 54301	J					352.00
Account No. 9857362		2/08 Collections				
TCF Bank c/o Professional Account Management PO Box 1022 Wixom, MI 48393-1022	J					69.00
Account No. Misty Dorov		3/03 Services				
The Children's Advocacy Center 11001 S. 76th Ave Worth, IL 60482	J					500.00
Account No. 41540		6/03-9/03 Medical				
V&M Patel Assoc MD SC & Linda 7800 W College Drive Palos Heights, IL 60463	J					10.00
Sheet no. 25 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				985.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Steven J. Durov,
Roxanne L Dymanus**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
			C	U	D	
Account No. 22430		10/05- 1/06 Medical				
V&M Patel Assoc MD SC & Linda 7800 W College Drive Palos Heights, IL 60463	J					250.00
Account No. 4465-6105-0090-2461		7/07-4/08 Collections				
Washington Mutual c/o Northland Group PO Box 390846 Edina, MN 55439	J					1,332.00
Account No. MISPA0000		4/06-5/06 Medical 532				
Worth Fire Department PO Box 251 Midlothian, IL 60445	J					532.00
Account No.						
Account No.						
Sheet no. 26 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			2,114.00
			Total (Report on Summary of Schedules)			137,558.00

ACMC Physician Services
c/o Malcolm S Gerald & Associates
332 S Michigan Ave, Ste 600
Chicago, IL 60604

Adventist Hinsdale Hospital
c/o Merchants Credit Guide Co.
223 W. Jackson Blvd.
Chicago, IL 60606

Advocate Christ Medical Center
PO Box 70508
Chicago, IL 60673-0508

Advocate Christ Medical Center
4440 W. 95th St.
Oak Lawn, IL 60453

Advocate Christ Medical Center
PO Box 3597
Physician Billing
Springfield, IL 62708-3597

Advocate Christ Medical Center
c/o Illinois Collection Service
PO Box 646
Oak Lawn, IL 60454-0646

Advocate Christ Medical Center
c/o NCO Financial Systems
PO Box 41457
Philadelphia, PA 19101-1457

Advocate Christ Medical Center
c/o NCO Financial Systems
PO Box 41417, Dept 99
Philadelphia, PA 19101

Advocate Christ Medical Group
c/o Certified Services
128 Madison
Waukegan, IL 60085-4389

Advocate Family Care Network
c/o Certified Services, Inc.
PO Box 177
Waukegan, IL 60079-0177

Advocate Family Care Network
PO Box 776
Oak Lawn, IL 60454-0776

Advocate MSO Services
75 Remittance Dr., #6010
Chicago, IL 60675-6010

Aspire Visa
PO Box 105341
Atlanta, GA 30348

Aspire Visa
c/o TrueLogic Financial Corporation
PO Box 4437
Englewood, CO 80155-4437

Aspire Visa
PO Box 105555
Atlanta, GA 30348-5555

Assoc Cardiovascular Phys
PO Box 95978
Chicago, IL 60694

Assoc Pathologists of Joliet
330 Madison St., Suite 200A
Joliet, IL 60435

AT&T
c/o Plaza Associates
PO Box 18008
Hauppauge, NY 11788-8808

AT&T
c/o NCO Financial Systems
507 Prudential Road
Horsham, PA 19044

AT&T
c/o IC Systems, Inc.
444 Highway 96 East
Saint Paul, MN 55164

AT&T
Law Office of Mitchell N Kay
205 W Randolph Street, Ste 920
Chicago, IL 60606

AT&T
c/o West Asset Management
PO Box 2348
Sherman, TX 75091-2348

Cap One Bank
P.O. Box 85015
Richmond, VA 23285

Capital One
c/o West Asset Management
PO Box 724747
Atlanta, GA 31139-1747

Capital One Auto Finance
c/o Synergetic Communication, Inc.
5450 NW Central #1000
Houston, TX 77092

Capital One Auto Finance
c/o NCO Financial Systems, Inc
507 Prudential Road
Horsham, PA 19044

Capital One Auto Finance
c/o Ocwen
PO Box 785058
Orlando, FL 32878-5058

Capital One Auto Finance
c/o Northstar
4285 Genesee Street
Cheektowaga, NY 14225-1943

Capital One Bank
c/o Northland Group, Inc.
PO Box 390846
Edina, MN 55439

Capital One Bank
c/o Nelson, Watson & Associates
80 Merrimack St., Lower Level
Haverhill, MA 01830

Capital One Bank
c/o NCO Financial Systems,
507 Prudential Road
Horsham, PA 19044

Capital One Bank
c/o Associated Recovery Systems
PO Box 469046
Escondido, CA 92046-9046

Capital One Bank
c/o Van Ru Credit Corporation
8550 Ulmerton Road, Ste 225
Largo, FL 33771-5351

Capital One Bank
c/o Account Solutions Group
205 Bryant Woods South
Amherst, NY 14228

Capital One Bank
c/o Northland Group
PO Box 390846
Edina, MN 55439

Capital One Bank
Academy Collection Service
10965 Decatur Road
Philadelphia, PA 19154-3210

Capital One Services
PO Box 85015
Richmond, VA 23285-5015

CAPONEAUTO
3905 Dallas Parkway
Plano, TX 75093

Car Max Financial
225 Chastain Meadows Court
Kennesaw, GA 30144

Card Services
PO Box 660509
Dallas, TX 75266-0509

Cardiac Consulting Group SC
4647 W Lincoln Highway
Lower Level
Matteson, IL 60443

Charter One
c/o Arrow Financial Services
5996 W. Touhy Ave.
Niles, IL 60714

Cheryl Venkus Scallon Psy. D
7350 College Drive, Suite 101
Palos Heights, IL 60463

Chicago Ridge Fire Department
PO Box 438495
Chicago, IL 60643

Christ Hospital
c/o Col/Debt Collection Systems
8 S Michigan Ave #618
Chicago, IL 60603

Christ Hospital & Medical Center
NCO Financial Systems, Inc.
605 W Edison Road, Suite K
Mishawaka, IN 46545

Christ Hospital
c/o Van Ru Credit Corporation
10024 Skokie Blvd, Ste 3
Skokie, IL 60077

Christ Medical Center
c/o DNL Health Care Services, Inc.
2350 East Devon, Ste 213
Des Plaines, IL 60018

Christ Medical Group
c/o Medical Recovery Specialists, I
2250 E Devon Ave., Ste 352
Des Plaines, IL 60018

Christ Medical Group
75 Remittance Dr. Suite 6010
Chicago, IL 60675-6010

Comcast
c/o Credit Protection Association
Po Box 9037
Addison, TX 75001-9037

Commonwealth Edison
Bill Payment Center
Chicago, IL 60668-0001

Commonwealth Edison
c/o NCO Fin/99
PO Box 41466
Philadelphia, PA 19101-1466

Comprehensive Collection Service
PO Box 2503
East Lansing, MI 48826-2503

Daniel Martinez MD
414 Plaza Drive
#101
Westmont, IL 60559

David G. Iaccino, DPM
7053 W 111th Street
Worth, IL 60482

Dr. Cheryl Scallion PC
7350 College Drive
Suite 101
Palos Heights, IL 60463

Dr. Robert E Puls & Associates
7250 W College Dr
Suite 101
Palos Heights, IL 60463

Dupage Radiologists S.C.
PO Box 70
Hinsdale, IL 60522

DuPage Radiology
c/o ATG Credit, LLC
PO Box 14895
Chicago, IL 60614

Edward Hospital
c/o Merchants Credit Guide Co.
223 W. Jackson Blvd.
Chicago, IL 60606

Edward Hospital
c/o OSI Collection Services, Inc
PO Box 959
Brookfield, WI 53008

Emergency Healthcare Physicians
649 Executive Drive
Willowbrook, IL 60527-5603

First Care Ambulance
1941 Selmarten Road
Aurora, IL 60505

First Care Health Service
c/o CB Accounts, Inc National Commu
1101 Main Street
Peoria, IL 61606

First Midwest Bank
c/o Trackers
1970 Spruce Hills Drive
Bettendorf, IA 52722

Fischer Mangold Joliet
PO Box 630707
Cincinnati, OH 45263-0707

Hand & Plastic Surgery Associates
5046 Payshere Circle
Chicago, IL 60674

Hand & Plastic Surgery Associates
Billing Department
1200 S York Road, Ste 3200
Elmhurst, IL 60126

Hand & Plastic Surgery Associates
7460 College Dr
2nd Floor
Palos Heights, IL 60463

Hand & Plastic Surgery Associates
c/o Law Offices of Harry S Field
77 West Washington, Ste 2111
Chicago, IL 60602

Illinois Department of Revenue
Bankruptcy Section, Level 7-425
100 W. Randolph St.
Chicago, IL 60506

Ingalls Memorial Hospital
Attn: Patient Financial Services
One Ingalls Drive
Harvey, IL 60426

John J Deitche PHD LCPC
Commodore Building
7350 W College Dr, Ste 101
Palos Heights, IL 60463

John M Curtin, DOSC
15614 S Harlem
Orland Park, IL 60462

Joliet Emergency Physicians
c/o IMBS Collections
PO Box 189053
Plantation, FL 33318-9053

Kim & Calvert MD SC
7600 W. College Drive
Palos Heights, IL 60463

Kishwar Ali MD
PO Box 9144
Naperville, IL 60567-9144

Linden Oaks Hospital
c/o RPM, Inc
PO Box 830913
Birmingham, AL 35283-0913

Marianjoy
Dept. 77-5602
Chicago, IL 60678-5602

Midland
8875 Aero Drive Suite 200
San Diego, CA 92123

Midland Credit Management
c/o Penncro Associates
95 James Way, Suite 113
Southampton, PA 18966-3847

Midwest Internists of Illinois
c/o Van Ru Credit Corporation
1350 E Touhy Ave, Ste 100E
Des Plaines, IL 60018-3303

Midwest Internists of Illinois
PO Box 327
Oak Forest, IL 60452-0327

Midwest Orthopaedic Consultants
10719 W. 160th Street
Orland Park, IL 60467

Midwest Pediatric Cardiology
1482 Momentum Place
Chicago, IL 60689-5314

Midwest Waukegan
214 Washington St.
Waukegan, IL 60085

Naperville Radiologists SC
PO Box 70
Hinsdale, IL 60521

Neophytos L. Savide DDS, Ltd
Pediatric dentistry
12001 South Harlem Ave
Palos Heights, IL 60463

Oak Forest Hospital
15900 S Cicero Ave
Oak Forest, IL 60452

Oaklawn Radiology Imaging Consultan
c/o Trustmark Recovery Services
541 Otis Bowen Drive
Munster, IN 46321

Oaklawn Radiology Imaging Consultan
37241 Eagle Way
Chicago, IL 60678-1372

Palos Community Hospital
c/o Harris & Harris LTD
600 West Jackson Blvd. Suite 400
Chicago, IL 60661

Palos Community Hospital
12251 S. 80th Avenue
Palos Heights, IL 60463

Palos Community Hospital
c/o HR Accounts
7017 John Deere Parkway
Moline, IL 61265

Palos Community Hosptial
12255 S. 80th Ave.
Palos Heights, IL 60463-1284

Palos Emergency Medical Services
c/o Illinois Collection Service
P.O. Box 646
Oak Lawn, IL 60454-0646

Palos Emergency medical Services
c/o Illinois Collection Service
PO Box 646
Oak Lawn, IL 60454-0646

Palos Emergency Medical SVCS LTD
9944 S. Roberts Road Suite 204
Palos Hills, IL 60465

Palos Pathology Associated
520 E 22nd St
Lombard, IL 60148

Physicians Immediate Care
PO Box 15473
Loves Park, IL 61111

Physicians Immediate Care
c/o Creditors' Protection Service
202 West State Street
Rockford, IL 61110-0615

Practice Resources
c/o ICS
PO Box 646
Oak Lawn, IL 60454

Professional Health Associates
12255 S. 80th Ave. #202
Palos Heights, IL 60463-1284

Professional health Associates, Ltd
200 N Hammes Ave
Suite 3
Joliet, IL 60435

Provena Mercy Hospital
1325 N. Highland Ave.
Aurora, IL 60506

Provena Mercy Medical
c/o Pellettieri & Associates
991 Oak Creek Dr
Lombard, IL 60148-6408

Provena Service Corporation
c/o Creditors Collection Bureau
PO Box 63
Kankakee, IL 60901-0063

Providian Bank
c/o Cach LLC
370 17th Street, Ste 5000
Denver, CO 80202

Providian Bank
PO Box 9016
Pleasanton, CA 94566-9016

Providian Bank
c/o Penagroup Financial
5959 Corporate Drive, Suite 1400
Houston, TX 77036

Quest Diagnostics
c/o AMCA
2269 S. Saw Mill River Rd., Bldg. 3
Elmsford, NY 10523

Quest Diagnostics
PO Box 64500
Baltimore, MD 21264-4500

Quest Diagnostics
PO Box 64804
Baltimore, MD 21264-4804

Radiology & Nuclear Cons LTD
7808 College Drive 1SE
Palos Heights, IL 60463

Radiology & Nuclear Consultants
c/o Harris and Harris
600 West Jackson Blvd. Suite 400
Chicago, IL 60661

Radiology & Nuclear Consultants
c/o Harris & Harris
600 W Jackson Blvd, Suite 400
Chicago, IL 60661

Regan Corporation
c/o Cary Schiff
134 N. LaSalle, #1135
Chicago, IL 60602

Renuka Bhatt, MD
10811 W 143rd Street
Suite 150
Orland Park, IL 60467

Riaz Baber, M.D.S.C.
PO Box 1441
361 Sullivan Rd.
Aurora, IL 60507-1441

Rose Gomez MD PC
7600 West College Drive
2nd Floor
Palos Heights, IL 60463

Rush Behavioral Systems
c/o Medical Recovery Specialist, Inc
2200 East Devon Ave., Ste 288
Des Plaines, IL 60018

Rush University Medical Center
Rush Behavioral Systems
2001 Butterfield Rd., #220
Downers Grove, IL 60515

Silver Cross Hospital
Mail Processing Center
PO Box 739
Moline, IL 61266-0739

Silver Cross Hospital
c/o OSI Collection Service
1375 E Woodfield Rd, Ste #110
Schaumburg, IL 60173-5447

Silver Cross Hospital
c/o Fischer Mangold Joliet
PO Box 630707
Cincinnati, OH 45263-0707

Silver Cross Hospital
1200 Maple Rd.
Joliet, IL 60432

Silver Cross Hospital
c/o Vision Financial Services
PO Box 1768
La Porte, IN 46352

Southwest Laboratory Physicians SC
Dept. 77-9288
Chicago, IL 60678-9288

Southwest Physicians Group
4861 W 95th Street
Oak Lawn, IL 60453

Steven F French, DPM
10661 Roberts Road
Palos Hills, IL 60465

Suburban Heights Medical Center
c/o CB USA Inc
PO Box 8000
Hammond, IN 46325-9998

Superior Air-Ground Ambulance
PO Box 1407
Elmhurst, IL 60126

Superior Air-Ground Ambulance
c/o Friedman & Wexler LLC
500 W. Madison St., Suite 2910
Chicago, IL 60661-2587

T Mobile
c/o Credit Management
200 S. Monroe Ave
Green Bay, WI 54301

T Mobile
c/o PFG of Minnesota
7825 Washington Ave S Ste 310
Minneapolis, MN 55439-2409

T Mobile
Customer Relations
PO Box 37380
Albuquerque, NM 87176-7380

T Mobile
c/o Diversified Consultants
PO Box 1391
Southgate, MI 48195-0391

T Mobile
c/o First Revenue Assurance
PO Box 5818
Denver, CO 80217

T Mobile Financial
PO Box 2400
Young America, MN 55553-2400

TCF Bank
c/o Professional Account Management
PO Box 1022
Wixom, MI 48393-1022

The Children's Advocacy Center
11001 S. 76th Ave
Worth, IL 60482

V&M Patel Assoc MD SC & Linda
7800 W College Drive
Palos Heights, IL 60463

Washington Mutual
c/o Northland Group
PO Box 390846
Edina, MN 55439

Washington Mutual Processing
PO Box 660548
Dallas, TX 75266-0548

Worth Fire Department
PO Box 251
Midlothian, IL 60445

In re **Steven J. Durov,
Roxanne L Dymanus**

Case No. _____

Debtors

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,
of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.
State whether lease is for nonresidential real property.
State contract number of any government contract.

In re

**Steven J. Durov,
Roxanne L Dymanus**

Case No. _____

Debtors

SCHEDELE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

0

continuation sheets attached to Schedule of Codebtors

In re **Steven J. Durov**
Roxanne L Dymanus

Case No. _____

Debtor(s)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):	AGE(S):
Married	Son Son Daughter	10 12 17
Employment:	DEBTOR	SPOUSE
Occupation	Unemployed	Unemployed
Name of Employer	Unemployed	Unemployed
How long employed		
Address of Employer		

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)
2. Estimate monthly overtime

DEBTOR	SPOUSE
\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00

3. SUBTOTAL

\$ 0.00	\$ 0.00
----------------	----------------

4. LESS PAYROLL DEDUCTIONS

- a. Payroll taxes and social security
- b. Insurance
- c. Union dues
- d. Other (Specify): _____

\$ 0.00	\$ 0.00

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ 0.00	\$ 0.00
----------------	----------------

6. TOTAL NET MONTHLY TAKE HOME PAY

\$ 0.00	\$ 0.00
----------------	----------------

7. Regular income from operation of business or profession or farm (Attach detailed statement)

\$ 0.00	\$ 0.00
----------------	----------------

8. Income from real property

\$ 0.00	\$ 0.00
----------------	----------------

9. Interest and dividends

\$ 0.00	\$ 0.00
----------------	----------------

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above

\$ 0.00	\$ 0.00
----------------	----------------

11. Social security or government assistance

(Specify): **Link Card** _____

\$ 543.00	\$ 0.00
------------------	----------------

12. Pension or retirement income

\$ 0.00	\$ 0.00
----------------	----------------

13. Other monthly income

(Specify): _____

\$ 0.00	\$ 0.00
----------------	----------------

\$ 0.00	\$ 0.00
----------------	----------------

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ 543.00	\$ 0.00
------------------	----------------

15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

\$ 543.00	\$ 0.00
------------------	----------------

16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

In re **Steven J. Durov**
Roxanne L Dymanus

Case No. _____

Debtor(s)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ 0.00
a. Are real estate taxes included?	Yes <u> </u> No <u>X</u>
b. Is property insurance included?	Yes <u> </u> No <u>X</u>
2. Utilities:	
a. Electricity and heating fuel	\$ 0.00
b. Water and sewer	\$ 0.00
c. Telephone	\$ 0.00
d. Other _____	\$ 0.00
3. Home maintenance (repairs and upkeep)	\$ 0.00
4. Food	\$ 400.00
5. Clothing	\$ 50.00
6. Laundry and dry cleaning	\$ 0.00
7. Medical and dental expenses	\$ 0.00
8. Transportation (not including car payments)	\$ 0.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ 100.00
10. Charitable contributions	\$ 0.00
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner's or renter's	\$ 0.00
b. Life	\$ 0.00
c. Health	\$ 0.00
d. Auto	\$ 0.00
e. Other _____	\$ 0.00
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) _____	\$ 0.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$ 0.00
b. Other _____	\$ 0.00
c. Other _____	\$ 0.00
14. Alimony, maintenance, and support paid to others	\$ 0.00
15. Payments for support of additional dependents not living at your home	\$ 0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$ 0.00
17. Other _____	\$ 0.00
Other _____	\$ 0.00
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$ 550.00
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:	
20. STATEMENT OF MONTHLY NET INCOME	
a. Average monthly income from Line 15 of Schedule I	\$ 543.00
b. Average monthly expenses from Line 18 above	\$ 550.00
c. Monthly net income (a. minus b.)	\$ -7.00

United States Bankruptcy Court
Northern District of Illinois

In re Steven J. Durov
Roxanne L Dymanus

Debtor(s)

Case No.
Chapter 7

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 41 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date June 6, 2008Signature /s/ Steven J. Durov
Steven J. Durov
DebtorDate June 6, 2008Signature /s/ Roxanne L Dymanus
Roxanne L Dymanus
Joint Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court
Northern District of Illinois

In re **Steven J. Durov**
Roxanne L. Dymanus

Debtor(s)

Case No.
Chapter

7

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$0.00	2008 Husband
\$0.00	2008 Wife
\$18,828.00	2007 Husband
\$5,652.00	2007 Wife
\$21,498.00	2006 Husband
\$2,629.00	2006 Wife

2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$2,715.00	Link Card - 2008

3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts.* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
None	b. <i>Debtor whose debts are not primarily consumer debts:</i> List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)		

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
------------------------------	-----------------------------	-----------------------------------	--------------------

None c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
---	-----------------	-------------	--------------------

4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
---------------------------------	----------------------	------------------------------	-----------------------

None b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
--	-----------------	-----------------------------------

5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
UNKNOWN	Unknown	2007 Van - (co-signer on loan)
UNKNOWN		
Ocwen Federal Bank PO Box 785058 Orlando, FL 32878-5058	11/08	2005 Chevrolet Cobalt

6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
------------------------------	--------------------	-----------------------------------

None

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
-------------------------------	---	---------------	-----------------------------------

7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
--	--------------------------------	--------------	-------------------------------

8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
-----------------------------------	--	--------------

9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
David M. Siegel & Associates 790 Chaddick Drive Wheeling, IL 60090	2/26/08 - 3/10/08	\$1,201.00

10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFeree, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
---	------	---

None

b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
----------------------------------	---------------------------	---

11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
---------------------------------	--	---------------------------------------

12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
---	---	----------------------------	--

13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
------------------------------	----------------	------------------

14. Property held for another person

None List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY

15. Prior address of debtor

None If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
6058 W. 111th Street Chicago Ridge, IL 60415	Same	2001- 2004

16. Spouses and Former Spouses

None If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
-----------------------	---------------------------------------	----------------	-------------------

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
-----------------------	---------------------------------------	----------------	-------------------

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
---------------------------------------	---------------	-----------------------

18 . Nature, location and name of business

None

a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

LAST FOUR DIGITS OF
SOCIAL-SECURITY OR
OTHER INDIVIDUAL
TAXPAYER-I.D. NO.

NAME	LAST FOUR DIGITS OF (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
D&D Insulation		20912 S. Ron Lee Dr. Shorewood, IL 60404	Sheet Metal Insulation No Assets	1992 - 2006

None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date June 6, 2008

Signature /s/ Steven J. Durov
Steven J. Durov
Debtor

Date June 6, 2008

Signature /s/ Roxanne L Dymanus
Roxanne L Dymanus
Joint Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

United States Bankruptcy Court
Northern District of Illinois

In re **Steven J. Durov**
Roxanne L Dymanus

Debtor(s)

Case No.
Chapter

7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

I have filed a schedule of assets and liabilities which includes debts secured by property of the estate.

I have filed a schedule of executory contracts and unexpired leases which includes personal property subject to an unexpired lease.

I intend to do the following with respect to property of the estate which secures those debts or is subject to a lease:

Description of Secured Property	Creditor's Name	Property will be Surrendered	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
-NONE-					

Description of Leased Property	Lessor's Name	Lease will be assumed pursuant to 11 U.S.C. § 362(h)(1)(A)
-NONE-		

Date June 6, 2008

Signature **/s/ Steven J. Durov**
Steven J. Durov
Debtor

Date June 6, 2008

Signature **/s/ Roxanne L Dymanus**
Roxanne L Dymanus
Joint Debtor

United States Bankruptcy Court

Northern District of Illinois

In re Steven J. Durov
Roxanne L Dymanus

Case No.

Chapter

Debtor(s)

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	\$	<u>1,201.00</u>
Prior to the filing of this statement I have received.....	\$	<u>1,201.00</u>
Balance Due.....	\$	<u>0.00</u>

2. The source of the compensation paid to me was:

Debtor Other (specify):

3. The source of compensation to be paid to me is:

Debtor Other (specify):

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances (except in Chapter 13 cases), or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: June 6, 2008

/s/ David M. Siegel

David M. Siegel
David M. Siegel & Associates
790 Chaddick Drive
Wheeling, IL 60090
(847) 520-8100

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total Fee \$299)

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

Certificate of Attorney

I hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

David M. Siegel

Printed Name of Attorney

Address:

790 Chaddick Drive

Wheeling, IL 60090

(847) 520-8100

/s/ David M. Siegel

Signature of Attorney

June 6, 2008

Date

Steven J. Durov

Roxanne L. Dymanus

Printed Name of Debtor

Case No. (if known) _____

/s/ Steven J. Durov

Signature of Debtor

June 6, 2008

Date

/s/ Roxanne L. Dymanus

Signature of Joint Debtor (if any)

June 6, 2008

Date

STATEMENT OF INFORMATION REQUIRED BY 11 U.S.C. §341

INTRODUCTION

Pursuant to the Bankruptcy Reform Act of 1994, the Office of the United States Trustee, United States Department of Justice, has prepared this information sheet to help you understand some of the possible consequences of filing a bankruptcy petition under chapter 7 of the Bankruptcy Code. This information is intended to make you aware of...

- (1) the potential consequences of seeking a discharge in bankruptcy, including the effects on credit history;
- (2) the effect of receiving a discharge of debts
- (3) the effect of reaffirming a debt; and
- (4) your ability to file a petition under a different chapter of the Bankruptcy Code.

There are many other provisions of the Bankruptcy Code that may affect your situation. This information sheet contains only general principles of law and is not a substitute for legal advice. If you have questions or need further information as to how the bankruptcy laws apply to your specific case, you should consult with your lawyer.

WHAT IS A DISCHARGE?

The filing of a chapter 7 petition is designed to result in a discharge of most of the debts you listed on your bankruptcy schedules. A discharge is a court order that says you do not have to repay your debts, but there are a number of exceptions. Debts which may not be discharged in your chapter 7 case include, for example, most taxes, child support, alimony, and student loans; court-ordered fines and restitution; debts obtained through fraud or deception; and personal injury debts caused by driving while intoxicated or taking drugs. Your discharge may be denied entirely if you, for example, destroy or conceal property; destroy, conceal or falsify records; or make a false oath. Creditors cannot ask you to pay any debts which have been discharged. You can only receive a chapter 7 discharge once every eight (8) years.

WHAT ARE THE POTENTIAL EFFECTS OF A DISCHARGE?

The fact that you filed bankruptcy can appear on your credit report for as long as 10 years. Thus, filing a bankruptcy petition may affect your ability to obtain credit in the future. Also, you may not be excused from repaying any debts that were not listed on your bankruptcy schedules or that you incurred after you filed for bankruptcy.

WHAT ARE THE EFFECTS OF REAFFIRMING A DEBT?

After you file your petition, a creditor may ask you to reaffirm a certain debt or you may seek to do so on your own. Reaffirming a debt means that you sign and file with the court a legally enforceable document, which states that you promise to repay all or a portion of the debt that may otherwise have been discharged in your bankruptcy case. Reaffirmation agreements must generally be filed with the court within 60 days after the first meeting of the creditors.

Reaffirmation agreements are strictly voluntary — they are not required by the Bankruptcy Code or other state or federal law. You can voluntarily repay any debt instead of signing a reaffirmation agreement, but there may be valid reasons for wanting to reaffirm a particular debt.

Reaffirmation agreements must not impose an undue burden on you or your dependents and must be in your best interest. If you decide to sign a reaffirmation agreement, you may cancel it at any time before the court issues your discharge order or within sixty (60) days after the reaffirmation agreement was filed with the court, whichever is later. If you reaffirm a debt and fail to make the payments required in the reaffirmation agreement, the creditor can take action against you to recover any property that was given as security for the loan and you may remain personally liable for any remaining debt.

OTHER BANKRUPTCY OPTIONS

You have a choice in deciding what chapter of the Bankruptcy Code will best suit your needs. Even if you have already filed for relief under chapter 7, you may be eligible to convert your case to a different chapter.

Chapter 7 is the liquidation chapter of the Bankruptcy Code. Under chapter 7, a trustee is appointed to collect and sell, if economically feasible, all property you own that is not exempt from these actions.

Chapter 11 is the reorganization chapter most commonly used by businesses, but it is also available to individuals. Creditors vote on whether to accept or reject a plan, which also must be approved by the court. While the debtor normally remains in control of the assets, the court can order the appointment of a trustee to take possession and control of the business.

Chapter 12 offers bankruptcy relief to those who qualify as family farmers. Family farmers must propose a plan to repay their creditors over a three-to-five year period and it must be approved by the court. Plan payments are made through a chapter 12 trustee, who also monitors the debtor's farming operations during the pendency of the plan.

Finally, chapter 13 generally permits individuals to keep their property by repaying creditors out of their future income. Each chapter 13 debtor writes a plan which must be approved by the bankruptcy court. The debtor must pay the chapter 13 trustee the amounts set forth in their plan. Debtors receive a discharge after they complete their chapter 13 repayment plan. Chapter 13 is only available to individuals with regular income whose debts do not exceed \$1,000,000 (\$250,000 in unsecured debts and \$750,000 in secured debts).

AGAIN, PLEASE SPEAK TO YOUR LAWYER IF YOU NEED FURTHER INFORMATION OR EXPLANATION, INCLUDING HOW THE BANKRUPTCY LAWS RELATE TO YOUR SPECIFIC CASE.

/s/ Steven J. Durov

Debtor's Signature

June 6, 2008

Date

/s/ Roxanne L Dymanus

Joint Debtor's Signature

June 6, 2008

Date

**United States Bankruptcy Court
Northern District of Illinois**

In re **Steven J. Durov
Roxanne L Dymanus**

Debtor(s)

Case No.
Chapter

7

VERIFICATION OF CREDITOR MATRIX

Number of Creditors: **146**

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: **June 6, 2008**

/s/ Steven J. Durov

Steven J. Durov
Signature of Debtor

Date: **June 6, 2008**

/s/ Roxanne L Dymanus

Roxanne L Dymanus
Signature of Debtor